

## **2005 WHITE HOUSE CONFERENCE ON AGING SOLUTIONS FORUM**

### ***EYE CARE ACCESS: ELIMINATING BARRIERS FOR SENIORS AND BABY BOOMERS***

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#### **Social Engagement**

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During a Vision Policy Committee meeting for the 2005 WHCoA, the honorable Josefina G. Carbonell, Assistant Secretary for Aging, outlined the Administration on Aging's strategic priorities. These included improving older people's access to long-term supports and helping older people stay active and healthy.

This afternoon we are focusing on the role that good vision and healthy eyes play in realizing these objectives. There are certain undeniable facts:

- Aging is inevitable. As long as we live, we will continue to grow older.
- As we grow older, we will retire, become frail and less active.
- We are more likely to have sight-threatening and life-threatening conditions.
- These conditions will impact on the quality of life.

We also know from science, research and evidence-based medicine that:

- Obesity is on the increase in our society, among other problems, and puts overweight older people at increased risk for diabetes.
- Diabetes impacts vision and the quality of life
- Minorities, like Hispanics and American Indians are at a higher risk for diabetes.

- Glaucoma can cause vision loss and blindness and is more common among older adults.
- Minorities, like African-Americans, are many times more at risk for having glaucoma.
- Cataract is the disease most common in old age and will impact everyone if they live long enough.

We also understand that:

- Old age, diseases, fragility and frailty impact movement, freedom, independence, dignity and quality of life.
- Older adults under these circumstances become more dependent on good vision for any activity.

**Barrier:**

- The eye health and eye care barriers that stands in the way older individuals pursuing healthy social interactions range from their lack of understanding about eye disease prevention, to lack of funding to provide prevention-oriented eye health education, to mobility problems that lead to social isolation or accidental falls.

**Solutions:**

- **Priority #1:** Engage society through public/private partnerships by:

-*Educating* young and old about the importance of eye disease/injury prevention so as to maintain healthy social pursuits.

There is no better advocate for an older adult than the adults themselves. Not the physician nor any other health care provider, health insurance company, etc. It is important that we educate our patients, not only about their vision and other health conditions, but also make sure that they know: Why they are taking certain prescribed eye care related medications; how long they need to take them; and when they should return to their eye care provider for follow-up. (From our personal experience in the Philadelphia area, a majority of older adults are not aware of this. And if this is the case in Philadelphia, it is happening around the country.)

- *Seeking* timely eye care and following recommendations given to you by your eye care professional to avoid vision loss. Patient care designed for optimal well-being is a shared responsibility between the patient and doctor. For better compliance and effective outcome, patients need to

understand their eye health condition, the need for medications and compliance and the need for follow- up care.

- *Encouraging* older adults to keep moving, to stay physically active and technologically savvy for fun, leisure and personal development.

- *Teaching* older Americans safe driving skills to maintain independence and personal and public safety

- *Educating* older adults about the inherent value of developing a “take charge,” “can-do” attitude about their strengths, health and well-being.

Educate health professionals:

- About the aging process
- About compassion and understanding
- About the need to educate patients

Reexamine the role of the public sector to make policies that:

- Help encourage the availability and accessibility of affordable eye care. (For example, Congress should reexamine and correct Medicare’s unfair and unreliable Sustained Growth physician payment formula that annually determines physician fees. Not doing so could jeopardize the delivery of eye care to America’s most vulnerable older citizens)
- Provide coverage for eye care services currently not covered under Medicare. For example, Medicare should cover those preventive health vision services including refraction that are not currently covered.
- Provide for more eye-related research dollars that addresses the role that vision plays in falls and the role that fall prevention intervention techniques play in reducing falls. This will help reduce the overall cost of medical and other health care for older individuals and the disabled. (For instance, falls among the elderly are a major medical and social concern. Studies indicate that as many as 20% of restricted days in the lives of older adults are attributed to falls. We also know that vision and other environmental factors play a vital role in falls among the elderly.)
- Require that all patients living in a nursing home or other long-term-care facility receive an annual eye examination at the facility. Doing this will help add quality to the life of those in long-term care.

- Provide increased funding for the creation of educational tools for older adults that are culturally and ethnically sensitive.
- Develop collaborative partnerships, as is being done in Ohio, between the public and private sectors that encourage annual eye examinations for at risk populations.